



## CONTRACTORS AND CONSULTANTS APPLICATION

NOTICE: If a policy is issued, the limit of liability available to pay judgements for settlements shall be reduced by the amounts incurred for legal defense. Further, note that the amounts incurred for legal defense shall be applied against the deductible or retention amount.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company is an:

Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### COVERAGE REQUESTED

New Business  Renewal

Commercial General Liability  Contractors Pollution Liability  Professional Liability  Pollution Liability

### PROPOSED DATES

Proposed Effective Date: \_\_\_\_\_ Proposed Retroactive Date: \_\_\_\_\_

### LIMITS OF LIABILITY

\$1,000,000 / \$1,000,000  \$1,000,000 / \$2,000,000  \$2,000,000 / \$2,000,000  Other \_\_\_\_\_

### DEDUCTIBLE

\$2,500  \$5,000  \$10,000  Other \_\_\_\_\_

### HISTORY OF COMPANY

Date Established: \_\_\_\_\_

Have there been any acquisitions, consolidations, dissolutions or mergers?  No  Yes

If yes, please explain: \_\_\_\_\_

Does the firm have:  Subsidiaries  A Parent Company  Other Related Entities

If yes, please explain: \_\_\_\_\_

Do you share employees:  No  Yes If yes, please explain: \_\_\_\_\_

Which State(s) is work performed in: \_\_\_\_\_



# Assurance Brokers, LTD

Construction • Commercial • Auto  
Home • Life • Health

95 N. Research Dr.  
Suite 100  
Edwardsville, IL  
62025  
Tel: 800.556.2663  
Fax: 618.692.9865

2236 Mason Ln  
Ballwin, Mo  
63021  
Tel: 888.868.6560  
Fax: 314.821.5779

## CURRENT INSURANCE INFORMATION

COVERAGE	CARRIER	LIMITS	DEDUCTIBLE	EFFECTIVE DATE	PREMIUM
General Liability					
Pollution Liability					
Professional Liability					

## GROSS REVENUE

\$ _____ Estimated Gross Revenue for next 12 months	Fiscal Year Period
\$ _____ 1 <sup>st</sup> Prior Year Revenue	_____ to _____

## CONTRACTING OPERATIONS

CONTRACTING SERVICE	PROJECTED GROSS RECEIPTS	% SUBCONTRACTED
Asbestos and/or Lead Abatement		
Carpentry/Framing		
Crime Scene Cleanup		
Demolition - Interior		
Demolition/Dismantling		
Drilling		
Drywall/Wallboard Installation		
Emergency Response Cleanup		
Fire Sprinkler Installation/Maintenance		
General Contracting		
Landfill Construction		
Medical Waste Recycling & Disposal		
Mold Abatement		
Painting		
Restoration Contracting (Fire/Water)		
Roofing		
Tank & Pipe Cleaning		
Tank Installation/Removal		
Soil Excavation		
Waste Transportation – Liquid		
Waste Transportation – Solid		
Vacuum Truck Operations		
Other: _____		



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## CONSULTING OPERATIONS

CONSULTING SERVICE	PROJECTED GROSS RECEIPTS	% SUBCONTRACTED
Air Quality Testing		
Alternative Energy System Design & Consulting		
Asbestos/Lead Remedial Design & Oversight		
Construction Management		
Engineering Services		
Environmental		
Civil		
Other: _____		
Environmental Impact Studies		
Expert Witness		
Geology, Groundwater & Hydrogeology		
Health & Safety Training		
Laboratory Analysis		
Mold Remediation Design & Oversight		
Phase I		
Phase II		
Phase III		
Regulatory Consulting		
Surveying		
Training		
Waste Arranging & Brokering		
Other: _____		

## SUBCONTRACTORS

What percentage of your operations is performed by subcontractors? \_\_\_\_\_%

Are subcontractors required to name the applicant as an Additional Insured on their policy?  No  Yes

Do you use a standard indemnity contract with your clients and subs?  No  Yes



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## CLAIM HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim?  No  Yes

If **yes**, please explain: \_\_\_\_\_

Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonable be foreseen to give rise to a claim against you or any person or entity for whom coverage is sought?  No  Yes

If **yes**, please explain: \_\_\_\_\_

During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions?  No  Yes

If **yes**, please explain: \_\_\_\_\_

## FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each violation.

## WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind insurance. Signing this application does not bind the applicant or the insurer to complete the insurance.

## NOTICE TO APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date